

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

In re:	§	
	§	
FISCHER, STEVEN PAUL	§	Case No. 05-51717
FISCHER, JANET ANN	§	
	§	
Debtor(s)	§	

**CHAPTER 7 TRUSTEE'S FINAL ACCOUNT AND DISTRIBUTION
REPORT CERTIFICATION THAT THE ESTATE HAS BEEN FULLY
ADMINISTERED AND APPLICATION TO BE DISCHARGED (TDR)**

BRENDA PORTER HELMS, TRUSTEE, chapter 7 trustee, submits this Final Account. Certification that the Estate has been Fully Administered and Application to be Discharged.

1) All funds on hand have been distributed in accordance with the Trustee's Final Report and, if applicable, any order of the Court modifying the Final Report. The case is fully administered and all assets and funds which have come under the trustee's control in this case have been properly accounted for as provided by law. The trustee hereby requests to be discharged from further duties as a trustee.

2) A summary of assets abandoned, assets exempt, total distributions to claimants, claims discharged without payment, and expenses of administration is provided below:

Assets Abandoned: 4,000.00
(Without deducting any secured claims)

Assets Exempt: 14,970.00

Total Distributions to Claimants: 5,815.04

Claims Discharged

Without Payment: 1,891,205.26

Total Expenses of Administration: 1,581.55

3) Total gross receipts of \$ 7,396.59 (see **Exhibit 1**), minus funds paid to the debtor and third parties of \$ 0.00 (see **Exhibit 2**), yielded net receipts of \$ 7,396.59 from the liquidation of the property of the estate, which was distributed as follows:

	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
SECURED CLAIMS (from Exhibit 3)	\$ NA	\$ 43,207.21	\$ 43,207.21	\$ 5,815.04
PRIORITY CLAIMS: CHAPTER 7 ADMIN. FEES AND CHARGES (from Exhibit 4)	NA	1,581.55	1,581.55	1,581.55
PRIOR CHAPTER ADMIN. FEES AND CHARGES (from Exhibit 5)	NA	NA	NA	NA
PRIORITY UNSECURED CLAIMS (from Exhibit 6)	73,335.92	146,517.31	146,517.31	0.00
GENERAL UNSECURED CLAIMS (from Exhibit 7)	1,054,952.70	1,024,548.23	1,024,548.23	0.00
TOTAL DISBURSEMENTS	\$ 1,128,288.62	\$ 1,215,854.30	\$ 1,215,854.30	\$ 7,396.59

4) This case was originally filed under chapter 7 on 10/13/2005 . The case was pending for 63 months.

5) All estate bank statements, deposit slips, and canceled checks have been submitted to the United States Trustee.

6) An individual estate property record and report showing the final accounting of the assets of the estate is attached as Exhibit 8. The cash receipts and disbursements records for each estate bank account, showing the final accounting of the receipts and disbursements of estate funds is attached as Exhibit 9.

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Dated: 12/28/2010

By:/s/BRENDA PORTER HELMS, TRUSTEE
Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

EXHIBITS TO
FINAL ACCOUNT

EXHIBIT 1 – GROSS RECEIPTS

DESCRIPTION	UNIFORM TRAN. CODE	\$ AMOUNT RECEIVED
TRINITY LEARNING STOCK	1129-000	7,335.68
Post-Petition Interest Deposits	1270-000	60.91
TOTAL GROSS RECEIPTS		\$ 7,396.59

¹The Uniform Transaction Code is an accounting code assigned by the trustee for statistical reporting purposes.

EXHIBIT 2 – FUNDS PAID TO DEBTOR & THIRD PARTIES

PAYEE	DESCRIPTION	UNIFORM TRAN. CODE	\$ AMOUNT PAID
NA		NA	NA
TOTAL FUNDS PAID TO DEBTOR & THIRD PARTIES			\$ 0.00

EXHIBIT 3 – SECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
000010	PLUMBERS LOCAL UNION NO. 93 FRINGE	4220-000	NA	43,207.21	43,207.21	5,815.04
	TOTAL SECURED CLAIMS		\$ NA		\$ 43,207.21	\$ 5,815.04

EXHIBIT 4 – CHAPTER 7 ADMINISTRATIVE FEES and CHARGES

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
HELMS, BRENDA PORTER	2100-000	NA	1,489.60	1,489.60	1,489.60
HELMS, BRENDA PORTER	2200-000	NA	83.72	83.72	83.72
INTERNATIONAL SURETIES LTD	2300-000	NA	8.23	8.23	8.23
TOTAL CHAPTER 7 ADMIN. FEES AND CHARGES		\$ NA	\$ 1,581.55	\$ 1,581.55	\$ 1,581.55

EXHIBIT 5 – PRIOR CHAPTER ADMINISTRATIVE FEES and CHARGES

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
NA	NA	NA	NA	NA	NA
TOTAL PRIOR CHAPTER ADMIN. FEES AND CHARGES		\$ NA	\$ NA	\$ NA	\$ NA

EXHIBIT 6 – PRIORITY UNSECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6E)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000012	DEPARTMENT OF THE TREASURY-INTERNAL.	5800-000	73,335.92	73,335.92	73,335.92	0.00
000013	DEPARTMENT OF THE TREASURY-INTERNAL.	5800-000	NA	73,181.39	73,181.39	0.00

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6E)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
TOTAL PRIORITY UNSECURED CLAIMS			\$ 73,335.92	\$ 146,517.31	\$ 146,517.31	\$ 0.00

EXHIBIT 7 – GENERAL UNSECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Advanta Bank Corp		44,401.67	NA	NA	0.00
	American Express		0.00	NA	NA	0.00
	Attorney Deborah FioRito		875.00	NA	NA	0.00
	Center One Financial Services		1,957.00	NA	NA	0.00
	Central DuPage Health		40.00	NA	NA	0.00
	Central DuPage Hospital		2,714.26	NA	NA	0.00
	Chase		22,143.58	NA	NA	0.00
	Citicapital Technology, Austin Mechanica		6,485.00	NA	NA	0.00
	Citicards		34,166.78	NA	NA	0.00
	Citcorp Vendor Finances		1,804.00	NA	NA	0.00
	ComEd		535.67	NA	NA	0.00

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	David Mcfadden Lcpc Lmft		28.80	NA	NA	0.00
	Delnor Community Hospital		2,340.25	NA	NA	0.00
	Directv		154.75	NA	NA	0.00
	Dominion Peoples Plus		931.23	NA	NA	0.00
	Dr. John Mortell		101.00	NA	NA	0.00
	Evans.Lowenstein,Shimanovsky & Moscardin		2,200.47	NA	NA	0.00
	Fleet Service		70.00	NA	NA	0.00
	Freemont Emergency Services		83.16	NA	NA	0.00
	G & S Services		33,668.47	NA	NA	0.00
	Greatbank		20,744.00	NA	NA	0.00
	Household Orchard Bank		64.62	NA	NA	0.00
	Kane.Carbonara & Mendoza		3,427.94	NA	NA	0.00
	MBNA Ameica		30,000.00	NA	NA	0.00
	McElroy Pediatric Denistry Ltd.		105.00	NA	NA	0.00
	Midwest Operating Engineers Benefit		20,000.00	NA	NA	0.00
	Nextel Communication		1,897.03	NA	NA	0.00

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Nicor Gas		170.46	NA	NA	0.00
	Nicor Gas		146.06	NA	NA	0.00
	Patterson Law Firm		4,719.50	NA	NA	0.00
	Pipefitters Welfare and Retirement Benefit		20,000.00	NA	NA	0.00
	Plumbers Local 130		41,734.02	NA	NA	0.00
	Plumbers Local 93		63,000.00	NA	NA	0.00
	Quest Consultanats International Ltd		31,820.77	NA	NA	0.00
	Robert Clark & Associates		4,176.99	NA	NA	0.00
	Southern Hills Hospital		150.00	NA	NA	0.00
	Stratford Orthopedics & Rehab		108.00	NA	NA	0.00
	The Dental Syore Ltd		70.24	NA	NA	0.00
	Tri City Radiology S.C.		12.00	NA	NA	0.00
	TruGreen ChemLawn		145.00	NA	NA	0.00
	Wachovia Bank, N.A.		322,347.00	NA	NA	0.00
	Welsh Bros. Inc		600.00	NA	NA	0.00
	Westfield Insurance		0.00	NA	NA	0.00

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000007	CITIBANK/ CHOICE	7100-000	5,957.40	6,236.41	6,236.41	0.00
000008	CITIBANK/ CHOICE	7100-000	NA	41,205.89	41,205.89	0.00
000009	CITIBANK/ CHOICE	7100-000	NA	41,205.89	41,205.89	0.00
CITIZENS COMMUNITY						
000011	BANK OF ILLINOIS	7100-000	110,000.00	118,969.22	118,969.22	0.00
000006	HARRIS BANK N.A.	7100-000	200,000.00	200,006.55	200,006.55	0.00
MICHAEL J. MORRISROE						
000004	LTD	7100-000	8,083.25	8,588.25	8,588.25	0.00
000005	MIDWEST HEART	7100-000	135.20	135.20	135.20	0.00
000002	ST. THERESE HOSPITAL	7100-000	983.37	983.37	983.37	0.00
000003	TRI CITY AMBULANCE	7100-000	475.00	475.00	475.00	0.00
VALLEY EMERGRENCY						
000001	CARE INC	7100-000	291.80	291.80	291.80	0.00
000014	CHEM-WISE	7200-000	NA	370.00	370.00	0.00
DISCOVER BANK/DISCOVER						
000015	FINANCIAL SE	7200-000	4,709.97	4,989.74	4,989.74	0.00
NAVIGATORS INSURANCE						
000018	COMPANY	7200-000	NA	309,149.20	309,149.20	0.00

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000016	ROBERT CLARK & ASSOCIATES	7200-000	4,176.99	4,458.10	4,458.10	0.00
000017	SG SUPPLY	7200-000	0.00	287,483.61	287,483.61	0.00
TOTAL GENERAL UNSECURED CLAIMS			\$ 1,054,952.70	\$ 1,024,548.23	\$ 1,024,548.23	\$ 0.00